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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155769 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | | X3) DATE SURVEY COMPLETED 03/07/2012 | |
| NAME OF PROVIDER OR SUPPLIER MORRISON WOODS HEALTH CAMPUS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4100 N MORRISON RD MUNCIE, IN 47304 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE | |
| K0000 | <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/07/12</p> <p>Facility Number: 011596 Provider Number: 155769 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Morrison Woods Health Campus was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and all resident sleeping rooms. The facility has a capacity of 107 and had a census of</p> | | K0000 | <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the acts alleged or conclusions set forth on the Statement of Deficiencies. The plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Annual survey of 3/7/2012. Please accept this plan of correction as the provider's credible allegation of compliance. The Provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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| | <p>83 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/12/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | | | |

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| K0062 SS=F | <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on review of fire and safety reports on 03/07/12 at 2:15 p.m. with the Maintenance Supervisor, it was reported the notifier on the Post Indicator Valve (PIV) would not report a trouble signal to the fire alarm control panel. Based on interview on 03/07/12 at 2:17 p.m. with the Maintenance Supervisor, it was acknowledged the facility had submitted an order for repair two months ago, but repairs have not been done.</p> <p>3.1-19(b)</p> | | K0062 | <p>What corrective action will be accomplished for those residents affected by the alleged deficient practice,: All residents have the potential to be affected by this alleged deficient practice. The PIV valve repair was initiated immediately and was completed on 3/16/2012.How other residents having the potential to be affected by the same alleged deficient practice will be indentifiedl and what corrective aciton will be taken: All residents have the potential to be affected by this alleged deficient practice. The PIV valve repair was initiated immediately and was completed on 3/16/2012.What measures will be put into place or what systemic changes will be made to ensure that the dificient practice does not recur: The Plant Ops Director will manually activate the PIV switch to ensure it reports a trouble signal to the fire panel on a weekly basis times 4, then monthly X 6 months. The fire service provider will check the system quarterly thereafter during the routine fire inspection.How the corrective action will be monitored to ensure the deficient practice will not recur: The audits will be presented to the monthly</p> | | 03/23/2012 | |

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| | | | | Quality Assurance Committee times 6 months for further recommendations.Plant Operations Director/Designee to monitor | | | |